

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

SIGNMASTERS

 26220034
 26408201

1. Month of AUGUST 1, 2008 THRU AUGUST 31, 2008

- | | | | | |
|-----|--|------------------------------------|------------------------------------|-----|
| 2. | Is Outlet # (8 digit) Correct? | <input checked="" type="radio"/> Y | N | N/A |
| 3. | Is average Total flow-gal.day stated in space provided? | <input checked="" type="radio"/> Y | N | N/A |
| 4. | Is max. Total flow-gal day stated in space provided? | <input checked="" type="radio"/> Y | N | N/A |
| 5. | Is method used to calculate water stated? | <input checked="" type="radio"/> Y | N | N/A |
| 6. | Are number of working days stated? | <input checked="" type="radio"/> Y | N | N/A |
| 7. | Are there any parameters which have exceeded PVSC Local Limits? | Y | <input checked="" type="radio"/> N | N/A |
| 8. | Is proper compliance/non-compliance statement provided? | <input checked="" type="radio"/> Y | N | N/A |
| 9. | Have correct number of samples been submitted? | <input checked="" type="radio"/> Y | N | N/A |
| 10. | Has PHC result been listed on MR-1 report? | <input checked="" type="radio"/> Y | N | N/A |
| 11. | Has sample number been reported in space provided? | <input checked="" type="radio"/> Y | N | N/A |
| 12. | Have all regulated parameters been listed on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 13. | Has sample type been stated on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 14. | Have all samples been taken during this reporting period? | <input checked="" type="radio"/> Y | N | N/A |
| 15. | Has NJDEPE certified lab been used? | <input checked="" type="radio"/> Y | N | N/A |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | N | N/A |
| 17. | Have results been written in space designated on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 18. | Is correct method used to preserve samples stated on MR-1? | <input checked="" type="radio"/> Y | N | N/A |
| 19. | Has MR-1 been signed by authorized representative? | <input checked="" type="radio"/> Y | N | N/A |
| 20. | Has information been submitted on proper MR-1 form? | <input checked="" type="radio"/> Y | N | N/A |
| 21. | Remove Arsenic from report if sampling not required | <input checked="" type="radio"/> Y | N | N/A |

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

First Reviewer: comments on deficiencies

*Complete*Date Reviewed *10/8/08* Date sent to user

Date due back Reviewer

J. Hudson

Second review comments on deficiencies

Date Reviewed Date sent to user

Date due back Reviewer

Date Reviewer

Readings are off call
and see if number's are wrong
and if not the usage minus 5%
is wrong.

JOE

SEP - 8 2008

PRETREATMENT MONITORING REPORT

NAME: SIGNMASTERS, INC.

MAILING ADDRESS: 217 BROOK AVENUE PASSAIC, NJ 07055

FACILITY LOCATION: 217 BROOK AVENUE PASSAIC, NJ 07055

CATEGORY & SUBPART: 9999

OUTLET #: 1

CONTACT OFFICIAL: Mr. John Belnowski

TELEPHONE: 973-614-8300

NEW CUSTOMER ID / OUTLET ID: 26220028 - 1 OLD OUTLET DESIGNATION: Average

"Average"

Maximum

MONITORING PERIOD					
Start			End		
08	01	08	08	31	08
MO	DAY	YR	MO	DAY	YR

Regulated Flow-gal/day 1,776 gallons/mo. % 2/work days

Total Flow-gal/day

84.57 gallons/day; 93.03 gpd/day max

Method Used:

Direct water meter readings (see Table 1).

Production Rate (if applicable)

[illegible]

e.j.m.

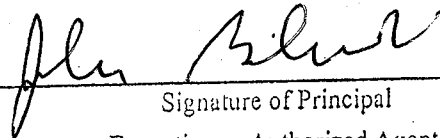
PRETREATMENT MONITORING REPORT

Certification of Non-Use if applicable (use additional sheets): _____

Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every parameter used: Signmasters was in compliance with PVSC local limits.Explain Method for preserving samples: Nitric acid to pH less than 2.0ppm.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988

Signature of Principal
Executive or Authorized AgentMr. John BelnowskiSupervisor, Environmental Health & Safety

Type Name and Title

9/4/08

Date

TABLE 1

REVISED WATER METER READINGS AND SANITARY/INDUSTRIAL USAGE

SIGNMASTERS, INC.,
217 BROOK AVENUE, PASSAIC PARK, NJ
Through August 31, 2008

All readings in gallons

MONTH BEGINNING	READING	MONTH ENDING	READING	INDUSTRIAL USAGE (MINUS 5%)	SANITARY USAGE
August 1, 2008		August 1, 2008			
Industrial (M-3)	386,840	Industrial (M-3)	387,530	1,869 (1,776)	
Sanitary (M-2)	1,073,900	Sanitary (M-2)	1,082,500		6,732
Sanitary (M-1)	133,270	Sanitary (M-1)	134,587		1,317
Total Monthly				1,776	8,049
July 1, 2008		July 31, 2008			
Industrial (M-3)	385,520	Industrial (M-3)	386,840	1,320(1,283)	
Sanitary (M-2)	1,064,500	Sanitary (M-2)	1,073,900		8,080
Sanitary (M-1)	132,377	Sanitary (M-1)	133,270		893
Total Monthly				1,188	8,973
June 1, 2008		June 30, 2008			
Industrial (M-3)	384,170	Industrial (M-3)	385,520	1,350 (1,283)	
Sanitary (M-2)	1,055,700	Sanitary (M-2)	1,064,500		7,450
Sanitary (M-1)	131,548	Sanitary (M-1)	132,377		829
Total Monthly				1,283	8,279

Legend: M-1 = Sanitary (i.e., men's room).
M-2 = Sanitary (i.e., ladies room, men's sink, stripping room, pipes to press machines; M-2 is based on the meter reading of M-2 minus the meter reading of M-3. (i.e., M-3 industrial meter reading minus sanitary)
M-3 = Industrial.





ANALYTICAL DATA REPORT

for
Hesa Environmental Corp.
23 Jefferson Plaza
Princeton, NJ 08540

Project Name: SIGNMASTERS
Lab Case Number: E08-09196

MDL = METHOD DETECTION LIMIT

Metals

Lab ID: 09196-001

Client ID: WS-110

Matrix-Units: Aqueous-ug/L

Percent Moisture: 100

Date Sampled: 8/11/2008

Time Sampled: 14:00

Date Analyzed: 8/13/08

Parameter

Result

MDL

Copper

ND

0.01 8.00

Lead

ND

0.01 2.00

Nickel

0.007.08

4.00

Zinc

1590

8.00

General Analytical

Lab ID: 09196-001

Client ID: WS-110

Percent Moisture: 100

Date Sampled: 8/11/2008

Time Sampled: 14:00

Parameter

Result

MDL

Matrix-Units

Date Analyzed

Biochemical Oxygen Demand

1190000

2000

Aqueous-ug/L

8/13/2008 8:00

Total Suspended Solids

590000

125000

Aqueous-ug/L

8/12/2008 15:00

TPH- SGT HEM

ND

5000

Aqueous-ug/L

8/19/2008 17:00

ND = Analyzed for but Not Detected at the MDL

These data have been reviewed and accepted by:

Michael H. Leftin, Ph.D.
Laboratory Director

273 Franklin Road
Randolph, NJ 07869
Phone: 973 361 4252
Fax: 973 989 5288



IAL is a NELAC New Jersey Certified Lab (14751) and maintains certification in Connecticut (PH-0699), New York (11402), Rhode Island (00126), Pennsylvania (68-00773) and in the Department of Navy IR QA Program

Laboratory Custody Chronicle

IAL Case No.

E08-09196

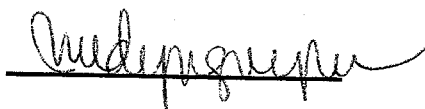
Client Hesa Environmental Corp.Project SIGNMASTERSReceived On 8/11/2008@15:45**Department: Metals**

			<u>Prep. Date</u>	<u>Analyst</u>	<u>Analysis Date</u>	<u>Analyst</u>
Copper - Cu	09196-001	Aqueous	8/12/08	Lisa	8/13/08	Helge
Lead - Pb	-001	Aqueous	8/12/08	Lisa	8/13/08	Helge
Nickel - Ni	-001	Aqueous	8/12/08	Lisa	8/13/08	Helge
Zinc - Zn	-001	Aqueous	8/12/08	Lisa	8/13/08	Helge

Department: Wet Chemistry

			<u>Prep. Date</u>	<u>Analyst</u>	<u>Analysis Date</u>	<u>Analyst</u>
BOD	-001	Aqueous	n/a	n/a	8/13/08@08:00	Kris
TPH-SGT HEM	-001	Aqueous	n/a	n/a	8/19/08	Robert
TSS (Suspended)	-001	Aqueous	n/a	n/a	8/12/08	Kam

Review and Approval:



[illegible]

PRETREATMENT MONITORING REPORT

RECEIVED
OCT 16 2008
INDUSTRIAL DEPARTMENT

NAME: SIGNMASTERS, INC.MAILING ADDRESS: 217 BROOK AVENUE PASSAIC, NJ 07055FACILITY LOCATION: 217 BROOK AVENUE PASSAIC, NJ 07055CATEGORY & SUBPART: 9999OUTLET #: 1CONTACT OFFICIAL: Mr. John BelnowskiTELEPHONE: 973-614-8300NEW CUSTOMER ID / OUTLET ID: 26220028 -1 OLD OUTLET DESIGNATION: _____

MONITORING PERIOD

Start			End		
08	01	08	08	31	08
MO	DAY	YR	MO	DAY	YR

Average

Maximum

Regulated Flow-gal/day 1,776 gallons/mo. % 2/work daysTotal Flow-gal/day 84.57 gallons/day; 93.03 gal/day maxMethod Used: Direct water meter readings (see Table 1).

Production Rate (if applicable) _____

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE
		MON AVG	MAXIMUM	UNITS		
Copper	Sample Measurement	<0.008 mg/l			ONE ↓	Comp
	Permit Requirement	3.02 mg/l				
Lead	Sample Measurement	<0.002 "				Comp
	Permit Requirement	0.54 mg/l				
Nickel	Sample Measurement	0.00708 "				Comp
	Permit Requirement	5.9 mg/l				
Zinc	Sample Measurement	1.59 "				Comp
	Permit Requirement	1.61 mg/l				
TPH	Sample Measurement	<5 "				Grab
	Permit Requirement	100 mg/l				
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					

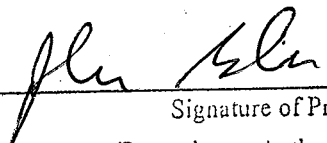
PRETREATMENT MONITORING REPORTCertification of Non-Use if applicable (use additional sheets): _____

_____Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every
parameter used: Signmasters was in compliance with PVSC local limits.

_____Sampling Method for preserving samples: Nitric acid to pH less than 2.0ppm.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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Signature of Principal
Executive or Authorized Agent

Mr. John Belnowski
Supervisor, Environmental Health & Safety

Type Name and Title
5/ 9/5/08
Date

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PROJECT INFORMATION

Case No. **E08-09196**Project **SIGNMASTERS**

Customer Hesa Environmental Corp.	P.O. #
Contact Jay Johnnidis	Received 8/11/2008 15:45
EMail jj@hesaenviro.com <input type="checkbox"/> EMail EDDs	Verbal Due 8/25/2008
Phone cell 609-577-2793 Fax 1(732) 329-6454	Report Due 9/2/2008
Report To	Bill To
23 Jefferson Plaza	23 Jefferson Plaza
Princeton, NJ 08540	Princeton, NJ 08540
Attn: Jay Johnnidis	Attn: Jay Johnnidis
Report Format Result Only	
Additional Info <input type="checkbox"/> State Form <input type="checkbox"/> Field Sampling <input type="checkbox"/> Conditional VOA	

<u>Lab ID</u>	<u>Client Sample ID</u>	<u>Depth Top / Bottom</u>	<u>Sampling Time</u>	<u>Matrix</u>	<u>Unit</u>	<u># of Containers</u>
09196-001	WS-110	n/a	8/11/2008@14:00	Aqueous	ug/L	5
<u>Sample #</u>	<u>Tests</u>	<u>Status</u>	<u>QA Method</u>			
001	Copper - Cu	In Process	200.8			
"	Lead - Pb	In Process	200.8			
"	Metals Project Revision	Run				
"	Nickel - Ni	In Process	200.8			
"	Zinc - Zn	In Process	200.8			
"	BOD	Run	5210B			
"	TPH-SGT HEM	Run	1664A			
"	TSS (Suspended)	Complete	2540D			
"	Wet Chem Project Revision	Run				

08/15/2008 09:29 by kim - REV 1

SAMPLE ID CHANGED FROM WS-109 TO WS-110, PER JAY JOHNNIDIS.

Laboratory Custody Chronicle

IAL Case No.

E08-09196

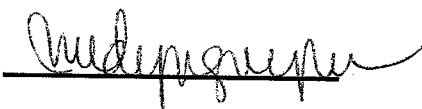
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Zinc - Zn	-001	Aqueous	8/12/08	Lisa	8/13/08	Helge

Department: Wet Chemistry

			<u>Prep. Date</u>	<u>Analyst</u>	<u>Analysis Date</u>	<u>Analyst</u>
BOD	-001	Aqueous	n/a	n/a	8/13/08@08:00	Kris
TPH-SGT HEM	-001	Aqueous	n/a	n/a	8/19/08	Robert
TSS (Suspended)	-001	Aqueous	n/a	n/a	8/12/08	Kam

Review and Approval:



INTEGRATED ANALYTICAL LABORATORIES
CHAIN OF CUSTODY

273 Franklin Rd
Randolph, NJ 07869

CUSTOMER	
Company:	
Address:	<i>HESA</i>
Telephone #:	
Fax #:	
Project Manager:	
Sampler:	
Project Name:	<i>Signature</i>
Project Location (State):	<i>N.J.</i>
Bottle Order #:	
Quote #:	

REPORTING INFO	
REPORT TO:	
Address:	
Attn:	
FAX #:	
INVOICE TO:	
Address:	
Attn:	
PO #:	

PHC- MUST CHOOSE	
DRO (3-5 day TAT)	QAM025 (5 day TAT min.)
SEE BELOW (under comments section for explanation)	
Verbal/Fax	2 wk/Std
24 hr*	48 hr*
72 hr*	1 wk*
Hard Copy	3 wk/Std
Other *call for price	
Rush TAT Charge **	24 hr - 100% ... 48 hr - 75% ... 72 hr - 50% ... 96 hr - 35% ... 5 day - 25% ... 6-9 day 10%
Results Only	Reduced
Regulatory - 15% Surcharge applies	Other (describe)
SRP, dbf format	SRP, wk1 format
lab approved custom EDD	NO DISK/CD REQ'D

ANALYTICAL PARAMETERS	
TPH	X
BOD	X
TSS	X
Ni, Cu, Pb	X
# BOTTLES & PRESERVATIVES	
HCl	
NaOH	
HNO3	1
H2SO4	2
MeOH	
Other	
None	
Encore	

SAMPLE INFORMATION	
Client ID	<i>WS-100</i>
Depth (ft. only)	
Date	<i>8/11/08</i>
Time	<i>1700</i>
Matrix	<i>Ag</i>
# containers	<i>5</i>
Sample Matrix	
DW - Drinking Water	AQ - Aqueous
WW - Waste Water	LIQ - Liquid (Specify)
OT - Other (Specify)	SOL - Solid
W - Wipe	

Known Hazard: Yes or No Describe:	
Please print legibly and fill out completely. Samples cannot be processed and the turnaround time will not start until any MDL Req: Old GWQS - 11/05 GWQS - SCC - OTHER (SEE COMMENTS)	
Comments:	

Signature/Company	
Relinquished by:	<i>Patty Fernandez</i>
Date	<i>8-11-08</i>
Time	<i>1710</i>
Received by:	<i>Patty Fernandez</i>
Date	<i>8-11-08</i>
Time	<i>1545</i>
Relinquished by:	
Date	
Time	
Received by:	
Date	
Time	
Relinquished by:	
Date	
Time	
Received by:	
Date	
Time	

Lab Case #	
<i>9196</i>	
PAGE: <i>1 of 1</i>	
DRO (8015B) - used for: Fuel Oil #2/Home Heating Oil #1 #2	
QAM-025 (OQA-QAM025) - used for: all other fuel oils and unknown contamination	